City of Yukon Utility Billing Department

PO Box 850500 ♦ 500 W Main ♦ Yukon, OK 73085

405-354-1895 ♦ Fax 405-350-8909 ♦ customerservice@cityofyukonok.gov

REQUEST FOR METER TESTING

Two forms of identification are required; at least one must be a photo I.D.

I hereby request that the water meter at my address be tested by the City of Yukon authorized personnel and attest that I question consumption that has been billed to my account within the past 90 days. I understand that I am required to pay a metertesting fee in advance of the test:

\$50.00 for a 5/8 or 3/4 inch meter \$100.00 for a 1 inch meter or larger

I understand that if the meter test discloses an error of more than 3% in the meter's registry, the City of Yukon will:

- (1) Credit my account for the excess consumption I was charged, up to three monthly bills, if applicable.
- (2) Credit my account balance in the amount of the testing fee I paid.

If no error in the registry is found, I understand that the meter will be deemed accurate, and that:

- (1) I will owe any outstanding account balance due the City of Yukon.
- (2) My testing fee will not be credited to my account balance.
- (3) I agree to pay any late fees that may be incurred if I choose not pay my bill in its entirety prior to the monthly due date.

Name			
Service Address			
Billing Address, if different	t		
Home Phone	Work Phone	Cell	
T	all name and contact	ts with anyone else in your housel ohone number. We require two fo t be a photo I.D.	
Customer Signature		Date	
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Office use only:			
Account#	Receipt#	Date Paid	

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